

- St. Paul Fire and Marine Insurance Company, Saint Paul, Minnesota**
- St. Paul Mercury Insurance Company, Saint Paul, Minnesota**
- St. Paul Guardian Insurance Company, Saint Paul, Minnesota**

IMPORTANT NOTE: This is an application for a policy, which, if issued will be on a claims-made basis. To be covered, "claims" must be first made against the insureds and reported during the "policy period", any subsequent renewal of the policy or applicable extended reporting period. Also, the limits of liability of any such policy will be reduced by amounts paid for "claims expenses", and such payments for "claims expenses" may also be applied against the deductible amount, unless we agree otherwise.

NY "CLAIMS EXPENSES" NOTICE: If this policy contains an insuring agreement that includes "claims expenses" within the limits of coverage, and/or a deductible that applies to "claims expenses", 100% of such limits or deductibles may be used up with the payment of "damages" or "claims expenses". Once the limit of coverage is used up, we will have no further obligation to pay any "damages" or "claims expenses".

Throughout this application the terms "you" and "your" mean the firm or the individual who is applying for this insurance.

Submitting Agency: _____ Agency Code: _____ Direct Sub-Produced

Licensed Producer Name: _____

INSTRUCTIONS: ALL QUESTIONS MUST BE ANSWERED ACCURATELY AND COMPLETELY. IF A POLICY IS ISSUED, THE COMPLETED APPLICATION AND SUPPLEMENTS WILL BE ATTACHED TO AND BECOME PART OF THE POLICY. IF ADDITIONAL SPACE IS NEEDED, CONTINUE ON YOUR LETTERHEAD AND REFER TO THE QUESTION NUMBER.

COVERAGE REQUESTED

1. Limits of Liability. Claims expenses are outside the limits of liability in AR, ID, KS, LA, ME, MI, MO, NC, NY, VA and VT and only under certain circumstances in AK, NJ, NM and SD. Refer to policy language.

<input type="checkbox"/> \$100,000/\$300,000	<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$4,000,000/\$4,000,000	<input type="checkbox"/> \$9,000,000/\$9,000,000
<input type="checkbox"/> \$200,000/\$600,000	<input type="checkbox"/> \$1,000,000/\$2,000,000	<input type="checkbox"/> \$5,000,000/\$5,000,000	<input type="checkbox"/> \$10,000,000/\$10,000,000
<input type="checkbox"/> \$250,000/\$500,000	<input type="checkbox"/> \$2,000,000/\$2,000,000	<input type="checkbox"/> \$6,000,000/\$6,000,000	
<input type="checkbox"/> \$500,000/\$500,000	<input type="checkbox"/> \$2,000,000/\$4,000,000	<input type="checkbox"/> \$7,000,000/\$7,000,000	
<input type="checkbox"/> \$500,000/\$1,000,000	<input type="checkbox"/> \$3,000,000/\$3,000,000	<input type="checkbox"/> \$8,000,000/\$8,000,000	
2. Deductible Amount Requested. Amount will apply PER CLAIM and will include claims expenses except in LA, NJ, NY and VA.

<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$35,000	<input type="checkbox"/> Other:
<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	\$ _____
3. Other Deductible and Limit Options:

	Annual Aggregate Deductible	<input type="checkbox"/> Currently Have	<input type="checkbox"/> Interested in Quotation
	Deductible Not Applicable Towards Claims Expenses	<input type="checkbox"/> Currently Have	<input type="checkbox"/> Interested in Quotation
	Claims Expenses Outside Limits of Liability	<input type="checkbox"/> Currently Have	<input type="checkbox"/> Interested in Quotation

GENERAL INFORMATION

4. Name(s) of Legal Entity(ies) to be insured (as referenced on your letterhead) _____
5. Your Primary Location (Street Address, City, State, Zip Code, County) _____
6. Phone _____
7. Fax Number _____

PLEASE ATTACH A COPY OF THE FIRM'S LETTERHEAD FOR EACH OFFICE LOCATION.

8. Does your firm practice from any other office location(s)?
 Yes No (If yes, please complete the **Additional Locations Supplement**.)
9. Date Applicant Firm Established _____
10. Indicate your firm formation or legal status (check one):
 Partnership Professional Corporation or Association Limited Liability Company or Partnership
 Sole Proprietor Association Other: _____
11. Indicate the Firm's gross revenue for the applicable fiscal year. (If Firm is newly established, please advise best estimate for current fiscal year only):
 - a. Estimate for current fiscal year \$ _____
 - b. Actual for immediate past fiscal year \$ _____
 - c. Actual for second previous fiscal year \$ _____

12. Do you have any single client(s) representing 20% or more of your gross revenue? Yes No
If yes, please list.

Client/Industry	Area(s) of Practice	Percent of Your Revenue Derived from Client

13. Do you advertise? Yes No
If yes, please indicate in which of the following media and include a copy of the ad and/or transcript.
 Yellow Pages Fliers Newspapers Periodicals Radio Television Internet

14. List all predecessor firm(s) of the applicant. This is defined as a law firm or practice which has undergone dissolution and at least 50% of the owners, officers, partners, principals or shareholders of the prior firm have joined the successor firm.

Name of Prior Firm/Sole Practitioner	Date Established	Date Dissolved	No. of Owners, Officers, Partners at		No. of Owners, Officers, Partners from Prior Firm who joined successor
			Start	End	

15. If you are a Sole Proprietor, have you made arrangements with another attorney to handle your cases in the event of your extended absence from your practice? Yes No
If yes, please provide the following concerning your back-up attorney: NA

Name: _____ Phone #: _____

City/State: _____

16. Is this a full-time, private practice of law? Yes No

17. Please list all attorneys associated with the Firm (*including yourself*) by category, using the following position designations.
 O = Owner/Officer/Shareholder S = Sole proprietor EA = Employed practicing attorneys of the firm not otherwise designated
 A = Associate practicing for the Firm OC = Of Counsel attorney of the Firm
 P = Partner of the partnership CA = Attorneys on contract or per diem RP = Retired partners of the Firm

Name	Position (see key)	Month/Year Admitted to Bar (Identify All States)	Month/Year Attorney Joined Firm	Annual Hours Worked Per Week for OCs and any part-time lawyers	Participated in CLE during the past (12) months?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

18. Does the Firm or any member of the Firm have any other law partner(s), associated, employed or independently contracted attorney(s) other than those named above? Yes No
If yes, please provide details of such relationships.

19. Does any member of the Firm act as a public defender, prosecuting attorney, public official, an in-house attorney of any corporation or governmental agency, or an independent contractor or Of Counsel to another firm? Yes No
If yes, please provide details.

20. Provide the total number of non-attorney staff serving as:

Law Clerks _____ Abstractors _____ Clerical _____ Investigators _____
 Paralegals _____ Title Agents _____ Other _____

21. Does any attorney or non-attorney member of your Firm provide professional services as an accountant, insurance agent or broker, investment adviser, real estate agent or broker or securities agent or broker?..... Yes No
If yes, please indicate member's name, type of services provided, percentage of time spent, under which name these services are provided, professional liability carrier, limit of liability and copy of letterhead used.

22. Complete the following chart based upon the Firm's gross revenue for each category. The total must equal 100%. If Firm is newly established, please provide best estimate.

Area of Practice	% of Practice	Area of Practice	% of Practice
Administrative	%	Investment Counseling / Money Management	%
Admiralty / Maritime - Defense	%	Loans	%
Admiralty / Maritime - Plaintiff (6)	%	Labor Law - Management	%
Antitrust / Trade Regulation	%	Labor Law - Union	%
Arbitration / Mediation	%	Labor Litigation - Defense	%
Aviation	%	Labor Litigation - Plaintiff (6)	%
Banking / Financial Institutions (1)	%	Litigation - Commercial - Defense	%
Bankruptcy	%	Litigation - Commercial - Plaintiff (6)	%
BI / PI - Defense	%	Mergers and Acquisitions	%
BI / PI - Plaintiff	%	Municipal / Governmental - Zoning & Planning	%
General Liability (6)	%	Municipal / Governmental - Other (Not Bonds)	%
Medical Malpractice (6)	%	Oil / Gas / Minerals	%
Products Liability (6)	%	Patent (2)	%
Other Plaintiff (6)	%	Public Utilities	%
Civil Rights / Discrimination	%	Real Estate - Commercial (4)	%
Collection / Repossession / Foreclosures	%	Real Estate - Escrow Agent (4)	%
Communication / FCC	%	Real Estate - Residential (4)	%
Copyright / Trademark (Not Patent) (2)	%	Real Estate - Title Work (4)	%
Corporate - Formation / Alteration	%	Real Estate - Syndication / Development (4)	%
Corporate - General	%	School Law	%
Criminal	%	Securities, Bonds, Secured Transactions (5)	%
Domestic Relations / Family / Juvenile	%	Social Security / Elder Law	%
Eminent Domain	%	Tax - Corporate / Business Opinions	%
Employee Benefit Plans / ERISA	%	Tax - Corporate / Business Preparation	%
Entertainment / Sports (3)	%	Tax - Individual	%
Environmental - General (4)	%	Water Rights	%
Environmental - Litigation	%	Workers Compensation - Defense	%
Estate / Estate Planning / Probate / Trusts / Wills	%	Workers Compensation - Plaintiff (6)	%
Foreign (Non-U.S. Law) / International	%	Other-Describe in Detail-Miscellaneous Not Acceptable	%
Healthcare	%		
Insurance	%		

If the Firm practices in any area(s) above with a numerical notation(s), complete the associated **Supplement** so indicated below.

(1) Financial Institutions

(3) Entertainment

(5) Securities

(2) Copyright Patent Trademark

(4) Real Estate

(6) Plaintiff Litigation

23. Has any member or former member of the Firm, at any time in the past six (6) years, provided any legal services or served as a fiduciary, committee member, director, officer, partner or employee of any Financial Institution? Yes No
*If yes, please complete the **Financial Institution Supplement**.*
24. Has any member or former member of the Firm, at any time in the past six (6) years, provided legal services:
 a. To issuers, underwriters or affiliates thereof, with respect to the issuance, offering or sale of securities? Yes No
 b. In any way related to the formation, syndication, promotion or management of any limited partnerships? Yes No
*If yes to any part of Question 24 above, please complete the **Securities Supplement**.*
25. Does the Firm provide any services in connection with any pre-paid legal services plan? Yes No
If yes, please provide details.

RISK MANAGEMENT

26. Concerning your docket control and/or calendaring system(s):
- a. Does the Firm regularly make use of these system(s) with at least two independent date controls for each item? Yes No
- b. Indicate all types regularly utilized: Computer Tickler System Two Calendar System
 Other (Describe): _____ Perpetual Calendar Daytimer Pocket Calendar
- c. Are two separate individuals entering dates into different systems for the same matter? Yes No
- d. Are the entries in different systems being cross-checked on a regular basis? Yes No
- e. Who is calculating the follow-up dates to be entered into the systems? _____
- f. If the answer to the above is not an attorney, does an attorney regularly review them to make sure the proper date has been selected? Yes No
- g. If you are a Sole Practitioner with no employees, who is providing back-up for these systems in the event of your extended absence? _____ NA
- h. Do you have a procedure in place to ensure that calendar entries are being reviewed and responded to for any attorney who is absent from the office for an extended period? Yes No
27. Concerning your conflict of interest avoidance system(s) and procedure:
- a. Does the Firm regularly make use of a conflict of interest avoidance procedure when accepting new clients or a new matter from existing clients? Yes No
- b. Indicate method(s) used to achieve conflict checks:
 Oral/Memory Computer Index File Conflict Committee Perpetual Calendar Client Lists
 Other (Describe): _____
- c. Does the Firm disclose to clients, in writing, all actual or potential conflicts of interest? Yes No
- d. Upon disclosure of actual or potential conflicts, do you or your Firm always obtain written consent to perform ongoing legal services or decline further representation in writing? Yes No
- e. Does this procedure capture attorney-client relationships established by predecessor, merged or acquired firms? NA..... Yes No
28. Has the Firm or any present or former member of the Firm or predecessor firm provided legal professional services to clients or referred clients to any business organization in which ANY FIRM MEMBER OR SPOUSE ever:
- a. Served as a director, officer, partner, trustee or fiduciary (such as an administrator, conservator, executor, guardian, trustee, receiver, escrow agent)? Yes No
- b. Owned an equity or financial interest? Yes No
*If yes to any part of Question 28 above, please complete the **Outside Interest and/or Trustee Supplement(s)** as applicable.*
29. Do you regularly make use of written fee or retainer agreements and/or engagement letters when accepting work? Yes No
If no, please explain how you eliminate misunderstandings about the scope and cost of services being provided.
30. Do you regularly make use of written declination or non-engagement letters when declining work? Yes No
If no, please explain how you eliminate misunderstandings about representation.
31. Within the past five (5) years, have you sued to collect fees or threatened to do so? Yes No
If yes, please indicate number _____ and advise what steps you are taking to prevent countersuits for malpractice.
32. What percentage of your accounts receivable are over ninety (90) days past due? _____
*If more than **30%**, what steps are being taken to reduce this percentage?*

PRIOR COVERAGE AND CLAIMS HISTORY

33. In the past five (5) years, has any professional liability claim or suit ever been made against the Firm or any predecessor firm or any current or former member of the Firm or predecessor firm? Yes No
*If yes, please indicate how many ____ and complete a separate **Supplemental Claim Form** for each claim.*
34. Does any attorney for whom coverage is sought know of any incident, act, error or omission that could result in a claim or suit against the Firm or any predecessor firm or any of the current or former members of the Firm?.. Yes No
*If yes, please indicate how many ____ and complete a separate **Supplemental Claim Form** for each incident.*
35. Has any attorney for whom coverage is sought been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, or held in contempt by any court, administrative agency or regulatory body or been the subject of a disciplinary complaint made to any of the aforementioned entities? Yes No
If yes, please provide details.
36. List the Lawyers Professional Liability Insurance Coverage carried during the past five (5) years, including any periods without coverage. Also, if currently uninsured, please check this box:

	Name Of Insurer	Policy Period		Limits of Liability	Deductible/Retention	Premium	No. Of Attorneys Insured
		From MM/DD/YY	To MM/DD/YY				
Current Year							
Prior Year 1							
Prior Year 2							
Prior Year 3							
Prior Year 4							

37. Inception date of firm's first claims made policy, maintained without interruption to date: _____.
38. Does your current policy have a prior acts limitation or retroactive date applicable to the Firm or any individual attorney? Yes No
If yes, please indicate date and to whom it applies if other than the Firm: _____
39. Does your current policy contain any exclusions or coverage limitations tailored specifically to your Firm?..... Yes No
If yes, please describe and attach a copy of the endorsement: _____
40. In the past five (5) years, has the Firm or any Firm member ever had professional liability insurance or similar insurance declined, cancelled or non-renewed? Yes No
(Missouri residents, do not answer)
If yes, please explain.
41. Has the Firm or any attorney for whom coverage is sought ever purchased an extended reporting period endorsement? Yes No
If yes, please provide details.

FRAUD WARNING [Not applicable in Colorado, Hawaii, Nebraska, Ohio, Oklahoma, Oregon, Utah, or Vermont]: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

COLORADO FRAUD WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

HAWAII FRAUD WARNING: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

OHIO FRAUD WARNING: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA FRAUD WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

YOUR SIGNATURE AND AUTHORIZATION

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all to the following:

- The statements and representations made in this application are true and complete and, if issued, this application and any supplements will be attached to and made a part of the policy.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by St. Paul Travelers in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- The St. Paul Travelers is authorized to make an investigation and inquiry in connection with this application.
- The St. Paul Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

Signature (<i>Partner, Member, Officer, Proprietor</i>)	Title	Date
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Important Note: This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by St. Paul Travelers. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.

INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:

Broker or Agent Name		Soliciting Producer Name		
Broker or Agent License No.	City	State	Date submitted	

Return this application to your insurance agent. Agents should forward this submission to St. Paul Travelers, Lawyers Professional Liability, One Tower Square, 4 SB, Hartford, CT, 06183-3004, Telephone: (800) 842-3112, Facsimile: (800) 842-9326.